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CONFIRMATION NO. 6515

<b>SERIAL NUMBER</b> 10/700,292	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 5490-0224CPB
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**APPLICANTS**  
Phillip M. Gibbs, Winona Lake, IN;

**\*\* CONTINUING DATA \*\*\*\*\*** *OK. AL 3/31/07*  
This application is a CIP of 10/201,485 07/23/2002 which is a CIP of 09/792,174 02/23/2001 PAT 6,458,161

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None. AL 3/31/07*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 02/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Amunabha Ramana</i> Examiner's Signature Initials				

**ADDRESS**  
27572

**TITLE**  
Method and apparatus for acetabular reconstruction

<b>FILING FEE RECEIVED</b> 1176	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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